

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90156 027 ***150.00

DOCUMENT # P00000103035

1. Entity Name
TOVAR & COMPANY, P.A.

Principal Place of Business
THE CENTRE BUILDING
9900 STIRLING ROAD, SUITE #218
COOPER CITY FL 33024

Mailing Address
THE CENTRE BUILDING
9900 STIRLING ROAD, SUITE #218
COOPER CITY FL 33024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 222
 City & State

Suite, Apt. #, etc.
Suite 222
 City & State

4. FEI Number
65-1056088

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOVAR, ILEANA ARIAS ESQ.
9900 STIRLING ROAD
SUITE ~~218~~ 222
COOPER CITY FL 33024

Name
 Street Address (P.O. Box Number is Not Acceptable)
Suite 222
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
TOVAR, JOSE GREGORIO
 STREET ADDRESS **1898 NW 167 AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Jose Tovar Date 23 APR 01 (954) 364-6266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)